

DOCKET NO.: 19721

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

THERAPEUTIC METHOD

the specification of which

(check one)

[] is attached hereto.

[] was filed on November 13, 2006 as a United States Application No.

Application Serial No. 10/575,049

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37 Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 (a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Number	Country	Date of Filing Day/Month/Year	Priority Claimed Under 35 U.S.C. 119
2003905461	Australia	October 6, 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2004902056	Australia	April 16, 2004	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2004904834	Australia	August 24, 2004	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

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Application Serial No.

Filing Date

Status

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Filing Date

Status

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CUSTOMER NO. 00272

Address all telephone calls to Frank S. DiGilio at telephone no. 516-742-4343

Address all correspondence to Frank S. DiGilio, Scully, Scott, Murphy & Presser, P. C., 400 Garden City Plaza, Ste 300, Garden City, New York 11530

(CUSTOMER NO: 23389)

Full name of sole or first inventor

David Morrlitz De Kretser

Sole or first inventor's signature

Date

10 April 2010

Residence

1 Leura Street, Surrey Hills, Victoria, Australia 3127

Citizenship

Australia

Post Office Address

Same as above

Full name of second inventor

David James Phillips

Second inventor's signature

Date

Residence

17 Calembenea Avenue, Hughesdale, Victoria, Australia 3166

Citizenship

Australia

Post Office Address

Same as above

Full name of third inventor

Kristian Lee Jones

Third inventor's signature

Date

9/4/2010

Residence 5/43 CUMBERLAND ROAD, HAWTHORN EAST, VICTORIA, AUSTRALIA, 3123
5/68 Erica Avenue, Glen Iris, Victoria, Australia 3146 K.J. 9/4/2010

Citizenship

Australia

Post Office Address

Same as above

Full name of fourth inventor

Robyn O'Hehir

Fourth inventor's signature

Date

Residence

Department of Pathology and Immunology, Central and Eastern Clinical School, Monash University, Alfred Hospital, Commercial Road, Melbourne, Victoria, Australia 3004

Citizenship

Australia

Post Office Address

Same as above

Full name of fifth inventor

Shane Patella

Fifth inventor's signature

Date

Residence

602 Waverley Road, Malvern East, Victoria, Australia 3145

Citizenship

Australia

Post Office Address

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(CUSTOMER NO: 23389)

Full name of sole or first inventor

David Morritz De Kretser

Sole or first inventor's signature

Date

Residence

1 Leura Street, Surrey Hills, Victoria, Australia 3127

Citizenship

Australia

Post Office Address

Same as above

Full name of second inventor

David James Phillips

Second Inventor's signature

Date

12 APRIL 2010

Residence

17 Calembreena Avenue, Hughesdale, Victoria, Australia 3166

Citizenship

Australia

Post Office Address

Same as above

Full name of third inventor

Kristian Lee Jones

Third inventor's signature

Date

Residence

5/68 Erica Avenue, Glen Iris, Victoria, Australia 3146

Citizenship

Australia

Post Office Address

Same as above

Full name of fourth inventor

Robyn O'Hehir

Fourth inventor's signature

Date

12.4.10

Residence

Department of Pathology and Immunology, Central and Eastern Clinical School, Monash University, Alfred Hospital, Commercial Road, Melbourne, Victoria, Australia 3004

Citizenship

Australia

Post Office Address

Same as above

Full name of fifth inventor

Shane Patella

Fifth inventor's signature

Date

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Sole or first inventor's signature	Date
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Citizenship Australia	
Post Office Address Same as above	

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Second inventor's signature	Date
Residence 17 Calembeena Avenue, Hughesdale, Victoria, Australia 3166	
Citizenship Australia	
Post Office Address Same as above	

Full name of third inventor Kristian Lee Jones	Date
Third inventor's signature	
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Citizenship Australia	
Post Office Address Same as above	

Full name of fourth inventor Robyn O'Hehir	Date
Fourth inventor's signature	
Residence Department of Pathology and Immunology, Central and Eastern Clinical School, Monash University, Alfred Hospital, Commercial Road, Melbourne, Victoria, Australia 3004	
Citizenship Australia	
Post Office Address Same as above	

Full name of fifth inventor Shane Patella	Date
Fifth inventor's signature <i>Shane Patella</i>	19/04/2010
Residence 602 Waverley Road, Malvern East, Victoria, Australia 3145	2/25 GRANT ST OAKLEIGH VICTORIA AUSTRALIA 3166 PP 19/04/2010
Citizenship Australia	
Post Office Address Same as above	